

**IN THE UNITED STATES DISTRICT COURT  
FOR THE MIDDLE DISTRICT OF TENNESSEE  
NASHVILLE DIVISION**

**DAVID NEWBIGGING BROWN O'CONNOR,**

**Plaintiff,** )

**V.**

Case No.

**JEFF LONG, in his official  
capacity as Commissioner of  
the Tennessee Department  
of Safety and Homeland  
Security,**

## JURY DEMAND

**Defendant.** )

## VERIFIED COMPLAINT

1. This is a suit for declaratory judgment and injunctive relief because Defendant has acted under color of state law to deprive Plaintiff of a right or privilege secured by the 14<sup>th</sup> Amendment to the Constitution of the United States as stated hereafter.
2. Plaintiff is a citizen and resident of the United States and the State of Tennessee, whose permanent residence is in the City of Athens, County of McMinn, Tennessee.
3. The Defendant Long is the Deputy Governor & Commissioner of Safety and Homeland Security and is administratively in charge of the Department of Motor Vehicles, including the issuance and revocation of driver's licenses in this State.

## **JURISDICTION AND VENUE**

4. This case is brought pursuant to 42 U.S.C. § 1983 and this court therefore has federal subject matter jurisdiction to hear this claim pursuant to 28 U.S.C § 1331. The Defendant Long performs his duties from his office in Nashville, Davidson County, Tennessee, within Middle District of Tennessee. Venue is therefore vested in this Court pursuant to 28 U.S.C § 1391(b)(2).

## **ALLEGATIONS OF FACT**

5. David O'Connor is the natural child of John Hamilton and Pearl Richards O'Connor, both of whom were natural born citizens of the United States. True copies of their certificates of birth in the State of New York are attached hereto as Exhibits A (John) and B (Pearl) and incorporated herein by reference. John O'Connor served in the United States Army during World War II and was honorably discharged with the rank of 2<sup>nd</sup> Lieutenant. (See attached Ex. G)
6. John O'Connor and Pearl Richards were married in Albany, New York on March 7, 1942. A copy of their marriage certificate is attached hereto as Exhibit C and is incorporated herein by reference.
7. Mr. and Mrs. O'Connor briefly resided in Canada where Mr. O'Connor was in school. Plaintiff David O'Connor was born during this brief time in Canada on May 25, 1947. A true copy of his birth certificate is attached hereto as Exhibit D and is incorporated herein by reference. The certificate lists both parents as citizens of the United States. Mr. and Mrs.

O'Connor and their infant son David returned to the United States in July, 1947 and resided in Moira, New York.

8. On December 28, 1964, Plaintiff enlisted in the United States Navy. Because he had not reached the age of 18, his father John was required to sign a permission for the enlistment of a minor in the U.S. Armed Forces. A copy of this consent form is attached as Ex. E and is incorporated herein by reference.
9. Plaintiff served in the U.S. Navy from 1964 until 1968. He was assigned to the U.S.S. Joseph P. Kennedy, Jr., and was honorably discharged on the 9th of April, 1968. (See attached Ex. H)
10. Plaintiff became a professional truck driver. He held a driver's license for 61 years in Vermont, New Hampshire, and New York, and Tennessee from 2016 until 2024. He also held a commercial driver's license including Hazmat clearance, for which a background check was required.
11. Plaintiff paid Social Security taxes his entire adult life. A copy of a partially redacted Social Security card is attached as Ex. F. Presently he receives his Social Security pension from the United States.
12. Plaintiff has voted in state, federal, and local elections in all the states in which he has resided, including Tennessee.

13. On June 3, 2024, Plaintiff went to the Athens, Tennessee office of the Department of Motor Vehicles to renew his license and to apply for the new, mandatory enhanced ID license. To his astonishment, a local functionary of the DMV, after consulting with two (2) other local employees, denied him a renewal and revoked his current license because he allegedly could not prove he was a citizen of the country in which he had lived and worked, and for which he had served honorably in the military. (See attached Ex. I)

14. The functionaries in Athens, TN demanded that he produce a Consulate Record of Birth Abroad which in any event would have been only one (1) of many indicia of citizenship.

15. As a consequence of this arbitrary act, Plaintiff has no driver's license. He therefore cannot board a flight. He requires infusion therapy for the treatment of rheumatoid arthritis and must enlist the help of others to drive him to the treatment facility in Hixon, TN. He is unable to drive the family's motor home. He suffers immediate and irreparable harm from his arbitrary denial of entitlement to drive despite decades as an over the road truck driver.

**PLAINTIFF DAVID O'CONNOR IS A CITIZEN OF THE UNITED STATES**

16. Citizenship at birth is governed by 8 U.S.C. §1401, and not the Tennessee Department of Motor Vehicles. Section 1401(c) provides:

“The following shall be nationals and citizens of the United States at birth:



(c) a person born outside of the United States and its outlying possessions of parents both of whom are citizens of the United States and one of whom has had a residence in the United States of one of its outlying possessions, prior to the birth of such person.”

17. This federal law preempts any state law to the contrary and any opinion of a local functionary of the State of Tennessee.

18. Plaintiff David O’Connor is a citizen of the United States.

19. The Tennessee Department of Motor Vehicles has no authority to determine citizenship and to revoke citizenship afforded by Federal law.

#### **PRAYERS FOR RELIEF**

Premises considered, Plaintiff prays:

- a) That proper process issue requires the Defendant to respond within the time provided by law;
- b) That the Court conduct a hearing upon Plaintiff’s Motion for a Preliminary Injunction, filed contemporaneously herewith;
- c) That there being no material questions of fact, the Court consolidates trial on the merits pursuant to Rule 65 (a)(2);
- d) That the Court declare Plaintiff to be a citizen of the United States and order the issuance of a Tennessee Drivers License and REAL ID as privileges accorded a citizen, there being no lawful reason to fail to do so;
- e) That Plaintiff be awarded his attorney fees and costs pursuant to 28 U.S.C. §1988; and,
- f) That Plaintiff be awarded such additional and general relief to which the Court may deem him to be entitled.

Respectfully submitted,

THE BLACKBURN FIRM, PLLC

/s/ Gary Blackburn

W. Gary Blackburn (BPR #3484)

The Blackburn Firm, PLLC

315 Deaderick Street, Suite 1700

Nashville, TN 37238

P: (615) 254-7770

F: (866) 895-7272

gary@theblackburnfirm.com

*Attorney for Plaintiff*

Ex. A

(date)

FEB 4 1983

*[Signature]*

This is to certify that this document is a true copy (photocopy) of a record on file at the New York State Department of Health, Albany, New York. DO NOT ACCEPT this copy unless the raised seal of the New York State Department of Health is affixed to the copy.

PLACE OF BIRTH (If recorded by Registrar)  
County of Richmond  
Town of Richmond  
Village of Richmond  
City of Richmond

New York State Department of Health  
DIVISION OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

3189

Registered No. 35  
St. Ward

Full Name of Child <u>Paul Margaret Richards</u>			
Sex <u>Female</u>	Time, Month, or other <u>4:10</u>	Measure a mile of birth <u>4:10</u>	Legitimate <u>Yes</u>
FATHER Full Name <u>David Richards</u> Address <u>Bushwick 714</u> Occupation <u>Farmer</u>		MOTHER Full Name <u>Minnie Murray</u> Address <u>Bushwick 714</u> Occupation <u>Housewife</u>	
Date of Birth <u>Jan 22 1921</u>		Place of Birth <u>Richmond 714</u>	
I hereby certify that I attended the birth of this child, as shown above, and as the date shown stated.			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  
I hereby certify that I attended the birth of this child, as shown above, and as the date shown stated.  
(Signature) [Signature]  
Date Jan 22 1921  
Place Richmond 714  
This certificate must be filed with the Local Registrar within five (5) days after birth.

A 65993

STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
CERTIFICATION OF BIRTH

Ex. B

THIS IS TO CERTIFY that the person named on this certificate was born on the date and at the place shown and this record of birth was filed with the Registrar of Vital Statistics of this Registration District.

DISTRICT NUMBER <u>5907</u>	REGISTRATION NUMBER <u>657</u>
--------------------------------	-----------------------------------

NAME <u>John hamilton O' Connor</u>	
SEX <u>Male</u>	DATE OF BIRTH <u>April 9, 1921</u>
PLACE OF BIRTH (COUNTY) <u>Westchester</u>	(CITY, TOWN OR VILLAGE) <u>Yonkers, N.Y.</u>
FILING DATE <u>April 9, 1921</u>	

Eileen M. Mahan  
REGISTRAR OF VITAL STATISTICS

Yonkers November 24, 1980  
DISTRICT DATE

WARNING: ANY ALTERATION INVALIDATES THIS CERTIFICATE

VS-10 (Rev. 1/72) 100M (8A2-107)



The written consents of the Parents, Guardians, or Persons under whose Minor or Minors may have been filed in the Town or City Clerk's office as and verified proof of age was submitted as provided by Section 15, Article 3 of Law.

Ex. C

### MARRIAGE CERTIFICATE TO CLERGYMEN AND MAGISTRATES

The license and the certificate duly signed by the person who shall have solemnized the marriage therein authorized shall be returned by him to the office of the town or city clerk who issued the same within five days succeeding the date of the solemnizing of the marriage therein authorized and any person or persons who shall wilfully neglect to make such return within the time above required shall be deemed guilty of a misdemeanor and upon conviction thereof shall be punished by a fine of not less than twenty-five dollars nor more than fifty dollars for each and every offense.

A marriage shall not be solemnized within three days from the date on which the specimen was taken for the serological test provided for by Section 13-a of the Domestic Relations Law, and not until twenty-four hours after the issuance of the marriage license or, if such examination and test shall be dispensed with by order of a judge or justice or shall not be required pursuant to such section, within three days from the date of issuance of the marriage license therefor, unless authorized by an order of a court of record as provided in Section 13-a of the Domestic Relations Law nor shall it be solemnized after sixty days from the date of the issuance of the marriage license. Where the immediate solemnization of the marriage is so authorized, the person who solemnizes the marriage must file the court order with the town or city clerk who issued the license within five days after the marriage is solemnized.

Nonresidents of the State are required to have marriage ceremony performed in the city or town where the license was issued.

Where either or both of the parties is under the age of twenty-one years, the marriage shall be solemnized only by a clergyman, mayor of a city, justice or judge of a court of record, justice of the court of Special Sessions of the city of New York, justice of the Domestic Relations Court of the city of New York or by a judge of a Children's Court.

I, Edward A. Heenan a Roman Catholic Priest residing at  
12 Madison Place in the city of Albany in the county of Albany and  
state of New York, do hereby certify that I did on this 7 day of March in the year A.D.  
1942 at Albany in the county of Albany and state  
of New York solemnize the rites of matrimony between  
John H. O'Connor  
of Albany in the county of Albany  
and state of New York and  
Pearl Richards  
of Albany in the county of Albany and state of New York  
in the presence of Thomas Hirschler and Patricia O'Connor  
as witness and the license therefor is hereto annexed

Witness my hand at Albany in the county of Albany  
this 7th day of March 1942

In the presence of Thomas Hirschler  
112 Jay St. Albany N.Y. (Res)  
Edward A. Heenan  
12 Madison Place - Albany  
N.Y.  
Patricia O'Connor  
578 Central Ave.  
Scarsdale, N.Y.



Ex. D

MAILING INSTRUCTIONS

This form if placed in a PRINTED envelope, marked "Dominion Statistics—Free, penalty for improper use \$300", and properly addressed to the nearest Division Registrar of Births, Deaths and Marriages will pass through the mail "FREE".

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

FORM 4

PROVINCE OF ONTARIO—VITAL STATISTICS ACT  
REGISTRATION OF A LIVE BIRTH

Registration Number  
039129  
For use of Registrar General only.

1. PLACE OF BIRTH: City, Town or Village of <u>London</u>		Street or road <u>St. Joseph's Hospital</u> If birth occurred in a hospital, give name instead of street and number	
2. PRINT FULL NAME OF CHILD Township of <u>London</u> <u>O'CONNOR</u>		County or District of <u>Middlesex</u> <u>David Newbigging Brown</u>	
3. Sex of child <u>MALE</u>	4. Single—Twin—Triplet—Other Place on X to the proper word. For a plural birth, fill in the number of each live child	5. Are the parents married to each other? <u>YES</u>	6. Date of birth <u>MAY 25 1947</u>
7. Was this a premature birth? <u>NO</u>		If premature, state length of pregnancy in weeks <u>38</u>	
FATHER		MOTHER	
8. PRINT full name <u>John Hamilton O'Connor, Sr.</u>		15. PRINT full name <u>Pearl Margaret Richards</u>	
9. Permanent residence at time of this birth <u>822 Maitland St. London, Ont.</u>		16. Permanent residence at time of this birth <u>822 Maitland St. London, Ont.</u>	
10. Citizenship <u>AMERICAN (U.S.A.)</u>		17. Citizenship <u>AMERICAN (U.S.A.)</u>	
11. Racial Origin <u>IRISH - Scottish</u>		18. Racial Origin <u>ENGLISH-FRENCH</u>	
12. AGE at time of this birth: <u>26</u> years		19. AGE at time of this birth: <u>26</u> years	
13. Birthplace <u>KANSAS, N.Y., U.S.A.</u>		20. Birthplace <u>Bethlehem, Ontario, N.Y., U.S.A.</u>	
14. (a) Trade, profession or kind of work <u>Student</u>		21. (a) Trade, profession or kind of work <u>Housewife</u>	
14. (b) Kind of industry or business <u>Business Administration</u>		21. (b) Kind of industry or business <u>At home</u>	
22. How many children born to this mother—up to the time of and including THIS BIRTH: (a) Were born alive? <u>3</u>		(b) Were born dead after twenty-eight weeks pregnancy? <u>0</u>	
23. Name and post office address of informant <u>John H. O'Connor, Box 324, London, Ont.</u>			
24. Name of doctor, nurse, or other person in attendance at birth, and post office address <u>Dr. A. E. Mowry, 1834 Waterloo St. London, Ont.</u>			
25. Marginal notations (Office use only)			

I certify the foregoing to be true and correct to the best of my knowledge and belief.  
Given under my hand at London, Ontario, Canada this 25th day of May 1947  
John Hamilton O'Connor  
(Signature of Registrar)

Division Registrar's Record No. 1532  
Date of registration May 27, 1947  
R. H. Campbell  
(Signature of Division Registrar)

Office of the Registrar General  
Ontario  
Photostatic  
Print of a Record  
Certified A True  
se trouvant dans les dossiers du  
Bureau du registraire général  
conforme d'un document  
Photocopié certifiée  
Bureau du registraire général  
Ontario  
on file at the  
Office of the Registrar General  
Ontario, Canada  
Registration Number:  
Numéro d'enregistrement:  
Certificate number:  
Numéro du certificat:  
Date issued:  
Date de délivrance:  
File number:  
Numéro de dossier:  
1947 039129  
PAGE 1 of 1  
3177572  
May 26 2016  
16199826-01-4

**VERIFICATION OF DATE AND PLACE OF BIRTH OF APPLICANT (For use by recruiting office)**

LAST NAME - FIRST NAME - MIDDLE NAME CROSSON David Lewisbigging Brown	PLACE OF BIRTH (City or Town and State) London, Canada	DATE OF BIRTH		
HOW VERIFIED		DAY 25	MONTH May	YEAR 1947

Sighted Original Birth Certificate

**REMARKS**

Sighted Birth Certificate No. 677, of John Hamilton CROSSON, father of applicant issued by the Department of Health, Tenkers, New York. Born of American parents temporarily residing in London, Canada. Date of entry of applicant for permanent residence in the United States July 1947.

*William H. Lippert Jr.*

William H. Lippert, Jr., LTC, USN

SIGNATURE OF RECRUITER



UNITED STATES ARMED FORCES  
**CONSENT, DECLARATION OF PARENT OR LEGAL GUARDIAN**  
 (FOR THE ENLISTMENT OF A MINOR IN THE U.S. ARMED FORCES)

Ex. E

NAME - FIRST NAME - MIDDLE NAME OF APPLICANT FOR ENLISTMENT <u>David Newbigging Brown</u>		DATE	
		DAY <u>28</u>	MONTH <u>Dec</u>
		YEAR <u>1966</u>	
PLACE OF APPLICATION FOR ENLISTMENT <u>U.S. Navy Recruiting Branch Station Greenfield, Massachusetts</u>		SERVICE OR COMPONENT FOR WHICH CON- SENT IS GIVEN <u>U.S. Navy</u>	
NAME OF PARENT(S) OR LEGAL GUARDIAN SIGNING CONSENT <u>John Hamilton O'Connor</u>		RELATIONSHIP (Father, Mother, Legal Guardian) <u>Father</u>	
ADDRESS (Number and street or RFD, City or Town) <u>th no</u>	COUNTY <u>Andover</u>	STATE <u>Vermont</u>	
ADDRESS OF OTHER PARENT IF SEPARATED (Number and street or RFD, City or Town) <u>Not applicable</u>	COUNTY <u>Not applicable</u>	STATE <u>Not applicable</u>	
PLACE OF BIRTH OF APPLICANT (City or Town and State) <u>London, Ontario</u>		DATE OF BIRTH	
		DAY <u>25</u>	MONTH <u>Aug</u>
		YEAR <u>1947</u>	

I/WE CERTIFY THAT THE ABOVE APPLICANT HAS NO OTHER LEGAL GUARDIAN THAN ME/US, AND I/WE HEREBY CONSENT TO HIS/HER ENLISTMENT IN THE SERVICE OR COMPONENT OF THE ARMED FORCES AS INDICATED ABOVE, SUBJECT TO ALL THE REQUIREMENTS AND LAWFUL COMMANDS OF THE OFFICERS WHO MAY, FROM TIME TO TIME, BE PLACED OVER HIM/HER; AND I/WE CERTIFY THAT NO PROMISE OF ANY KIND HAS BEEN MADE TO ME/US CONCERNING ASSIGNMENT TO DUTY OR PROMOTION DURING HIS/HER ENLISTMENT AS AN INDUCEMENT TO ME/US TO SIGN THIS CONSENT; AND I/WE RELINQUISH ALL CLAIM TO HIS/HER SERVICE AND TO ANY WAGES OR COMPENSATION FOR SUCH SERVICE.

I/WE CERTIFY THAT THE APPLICANT'S BIRTH DATE AS SHOWN ON THIS FORM IS CORRECT.

I/WE THOROUGHLY UNDERSTAND THAT I/WE HAVE CONSENTED TO HIS/HER ENLISTMENT IN THE SERVICE OR COMPONENT OF THE U.S. ARMED FORCES INDICATED ABOVE FOR THE PERIOD OF (Minority Years)

SIGNATURES OF:  
William T. Shiffer, Jr., LTC, USA  
 WITNESSING OFFICIAL

John Hamilton O'Connor  
 JOHN HAMILTON O'CONNOR  
 PARENT OR LEGAL GUARDIAN

recruiter  
 RECRUITING OFFICER OR RECRUITER

Not Applicable  
 OTHER PARENT (If required)

**UNDERSTANDING, STATEMENT OF PARENT OR LEGAL GUARDIAN (For the enlistment of a minor in a six-month program)**

I/WE UNDERSTAND THAT THE ABOVE APPLICANT FOR ENLISTMENT IN A RESERVE COMPONENT OF AN ARMED FORCE AND IN A SPECIAL ENLISTMENT PROGRAM PURSUANT TO THE PROVISIONS OF SECTION 262 OF THE ARMED FORCES RESERVE ACT OF 1952, AS AMENDED, MUST PERFORM SIX (6) MONTHS OF ACTIVE DUTY FOR TRAINING, AND MUST SERVE THE REMAINDER OF HIS SPECIAL ENLISTMENT AS A MEMBER OF THE READY RESERVE OF THE ARMED FORCE IN WHICH ENLISTED, UNLESS SOONER TRANSFERRED TO THE STANDBY RESERVE BY A SCREENING PROCESS. I/WE FURTHER UNDERSTAND THAT DURING HIS SERVICE AS A MEMBER OF THE READY RESERVE HE MAY BE REQUIRED TO ATTEND NOT LESS THAN FORTY-EIGHT (48) SCHEDULED DRILLS OR TRAINING PERIODS AND NOT MORE THAN SEVENTEEN (17) DAYS ACTIVE DUTY FOR TRAINING ANNUALLY, OR MAY BE REQUIRED TO PERFORM THIRTY (30) DAYS ACTIVE DUTY FOR TRAINING ANNUALLY IN LIEU THEREOF WHEN AUTHORIZED; THAT FAILURE TO PERFORM REQUIRED TRAINING IN ANY YEAR CAN RESULT IN HIS BEING ORDERED TO PERFORM ADDITIONAL ACTIVE DUTY FOR TRAINING FOR FORTY-FIVE (45) DAYS FOR THAT YEAR OR BEING REPORTED TO SELECTIVE SERVICE AUTHORITIES FOR IMMEDIATE INDUCTION FOR A PERIOD OF TWO YEARS INTO THE ARMED FORCE OF WHICH SUCH RESERVE COMPONENT IS A PART.

SIGNATURES OF:

Not Applicable  
 WITNESSING OFFICIAL

Not applicable  
 PARENT OR LEGAL GUARDIAN

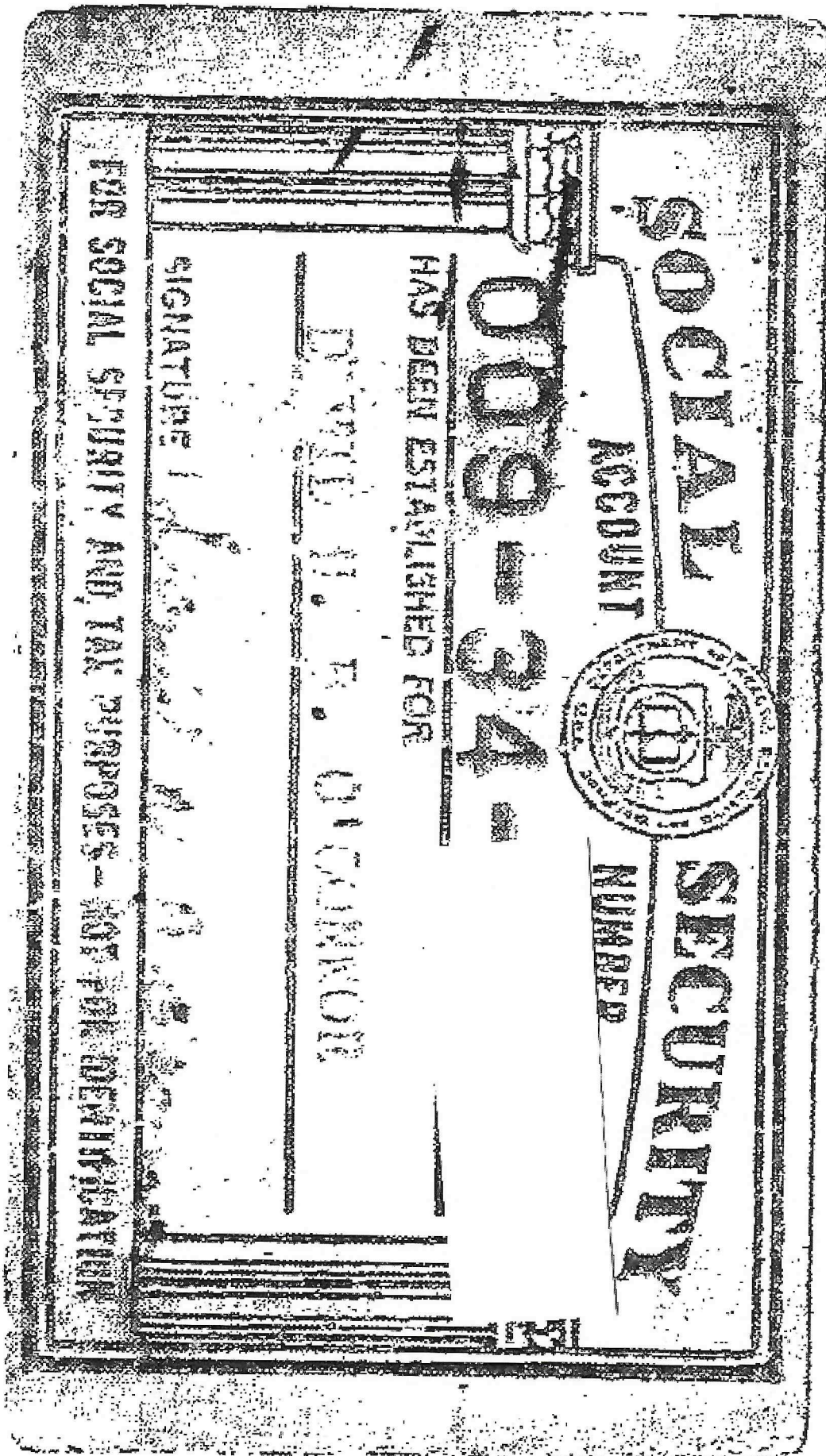
Not Applicable  
 RECRUITING OFFICER OR RECRUITER

Not applicable  
 OTHER PARENT (If required)

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 1 AUG 56

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE





Ex. F



PERSONAL DATA	1. LAST NAME - FIRST NAME - MIDDLE NAME <b>O'CONNOR, David Newbigging Brown</b>		2. SERVICE NUMBER <b>916 73 45</b>		3. SOCIAL SECURITY NUMBER <b>009 34</b>	
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS <b>NAVY - USN</b>		5a. GRADE, RATE OR RANK <b>0003</b>	5b. PAY GRADE <b>RA</b>	5c. DATE OF RANK <b>16 APR 67</b>	5d. DATE OF BIRTH <b>25 MAY 47</b>
	7. U. S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8. PLACE OF BIRTH (City and State or Country) <b>London, Canada</b>			
SELECTIVE SERVICE DATA	10a. SELECTIVE SERVICE NUMBER <b>NA</b>		10b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE <b>NA</b>		10c. DATE INDUCTED <b>NA</b>	
	11a. TYPE OF TRANSFER OR DISCHARGE <b>Released from active duty and transferred to Naval Reserve</b>		11b. STATION OR INSTALLATION AT WHICH EFFECTED <b>Naval Station, Newport, Rhode Island</b>			
TRANSFER OR DISCHARGE DATA	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>USS JOSEPH P. KENNEDY, JR. (DD950)</b>		13a. CHARACTER OF SERVICE <b>HONORABLE</b>		13b. TYPE OF CERTIFICATE ISSUED <b>SEV - 4449</b>	
	14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED		15. REENLISTMENT CODE <b>000</b>			
	16. SOURCE OF ENTRY: <input checked="" type="checkbox"/> ENLISTED (First Enlistment) <input type="checkbox"/> ENLISTED (Prior Service) <input type="checkbox"/> REENLISTED <input type="checkbox"/> OTHER		17. SERVICE (Years) <b>NA</b>		18. DATE <b>28 DEC 70</b>	
	19. PRIOR REGULAR ENLISTMENTS <b>NONE</b>		20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) <b>Athens, Vermont</b>		21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) <b>Athens, Windham, Vermont</b>	
SERVICE DATA	22a. SPECIALTY NUMBER & TITLE <b>STO-0000</b>		22b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER <b>823 Radio Mechanics</b>		23. STATEMENT OF SERVICE	
	24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED <b>National Defense Service Medal</b> <input checked="" type="checkbox"/> <input type="checkbox"/>		25. EDUCATION AND TRAINING COMPLETED <b>WTC FOR SN</b> <b>WTC FOR DMR</b> <b>WTC FOR MRPO342</b> <b>WTC FOR STG342</b> <input checked="" type="checkbox"/> <input type="checkbox"/>		26. NON-PAY PERIODS/TIME LOST (Preceding Two Years) <b>TL: NONE</b> <b>SLV: NONE</b>	
	27a. DAYS ACCRUED LEAVE PAID <b>11 days</b>		27b. INSURANCE IN FORCE (NSLI or USLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		28. VA CLAIM NUMBER <b>C. NA</b>	
	29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input checked="" type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE		30. REMARKS <b>GRADUATE SCHOOL - 08 years Completed High School Level General Educational Development Test</b> <b>Item 13 b. Cont'd: No discharge certificate issued at time of separation</b> <input checked="" type="checkbox"/> <input type="checkbox"/>		31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) <b>Athens, Windham, Vermont</b>	
AUTHENTICATION	32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED		33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER <b>J. C. LIPE, CWO U-4, USN, SEPARATIONS OFFICER, BY DIRECTION OF THE C. O.</b>			
	34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN					

DD FORM 1 JUL 69 214N

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE. S/N-0101-800-4301

ARMED FORCES OF THE UNITED STATES  
REPORT OF TRANSFER OR DISCHARGE

4

Ex. G



CHARACTER OF SEPARATION		REPORT OF SEPARATION FROM THE ARMED FORCES OF THE UNITED STATES		DEPARTMENT	
HONORABLE				ARMY	
1. LAST NAME—FIRST NAME—MIDDLE NAME		2. SERVICE NUMBER		3. GRADE—RATE—RANK AND DATE OF APPOINTMENT	
O'Connor JOHN HAMILTON		0-2020752		2d Lt (T) 7 Jul 45	
5. QUALIFICATIONS		6. EFFECTIVE DATE OF SEPARATION		7. TYPE OF SEPARATION	
SPECIALTY NUMBER OR SYMBOL 7502		DAY MONTH YEAR 30 Sep 52		Rel'd fr active dy	
8. REASON AND AUTHORITY FOR SEPARATION		9. PLACE OF SEPARATION			
DISABILITY P 38a 7b SR600-450-5 dtd 12 Jul 51		MOTRA, NEW YORK (SEE 38)			
10. DATE OF BIRTH		11. PLACE OF BIRTH (City and State)		12. DESCRIPTION	
DAY MONTH YEAR 9 Apr 21		YONKERS, N. Y.		SEX RACE COLOR HAIR COLOR EYES MALE CAUC BROCKN GRAY	
13. REGISTERED		14. SELECTIVE SERVICE LOCAL BOARD NUMBER (City, County, State)		15. INDUCTED	
YES NO NA		NA		DAY MONTH YEAR NA	
16. ENLISTED IN OR TRANSFERRED TO A RESERVE COMPONENT		COGNIZANT DISTRICT OR AREA COMMAND			
YES NO NA					
17. MEANS OF ENTRY OTHER THAN BY INDUCTION		18. GRADE—RATE OR RANK AT TIME OF ENTRY INTO ACTIVE SERVICE			
<input type="checkbox"/> ENLISTED <input type="checkbox"/> REENLISTED <input type="checkbox"/> COMMISSIONED <input checked="" type="checkbox"/> CALLED FROM INACTIVE DUTY		2d Lt			
19. DATE AND PLACE OF ENTRY INTO ACTIVE SERVICE		20. HOME ADDRESS AT TIME OF ENTRY INTO ACTIVE SERVICE (St., R.F.D., County, City and State)			
DAY MONTH YEAR 17 May 51		RFD #1 MOTRA, NEW YORK			
STATEMENT OF SERVICE FOR PAY PURPOSES		21. NET ( ) SERVICE COMPLETED FOR PAY PURPOSES EXCLUDING THIS PERIOD		22. NET SERVICE COMPLETED FOR PAY PURPOSES THIS PERIOD	
		A. YEARS B. MONTHS C. DAYS NA		DAY MONTH YEAR AMOUNT NA	
23. OTHER SERVICE (Act of 16 June 1942 as amended) COMPLETED FOR PAY PURPOSES		7 6 27		24. FOREIGN AND/OR SEA SERVICE	
24. TOTAL NET SERVICE COMPLETED FOR PAY PURPOSES		8 11 11		YEARS MONTHS DAYS NA	
25. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED		26. MOST SIGNIFICANT DUTY ASSIGNMENT		27. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known)	
IN II VIC MED: EAME W/2 STARS GC MED: AMER CAMP MED:		HQ 30 278th INF REGT CP DRUM N. Y.		NA	
28. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING COURSES AND/OR POST-GRAD. COURSES SUCCESSFULLY COMPLETED		29. SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED			
CIC SCHOOL TIS		12 wks compl 1951 15 wks compl		C I Invest (9302) A I COC	
				CND TEST COLLEGE LEVEL 1951	
GOVERNMENT INSURANCE INFORMATION: If premium is not paid when due, or within thirty-one days thereafter, insurance will lapse. Make checks or money orders payable to the Treasurer of the United States. Forward payments for National Service Life Insurance to the Collections Unit, Veterans Administration District Office having jurisdiction of area in which you maintain your mailing address for insurance purposes. Forward payments for United States Government Life Insurance to Collections Division, policy number(s), if known.					
32. KIND OF INSURANCE (amount and premium due each month)		33. MONTH ALLOTMENT DISCONTINUED		34. MONTH NEXT PREMIUM DUE	
N.A. L. I. \$10,000 (PL 23) U. S. G. L. I. NA		NA		JAN '53	
35. TOTAL PAYMENT UPON SEPARATION		36. TRAVEL OR MILEAGE ALLOWANCE INCLUDED IN TOTAL PAYMENT		37. DISBURSING OFFICER'S NAME AND SYMBOL NUMBER	
\$3628.19		\$18.60		P. PERKINS MAJ FC 215-494	
38. REMARKS (Continue on reverse)		39. SIGNATURE OF OFFICER AUTHORIZED TO SIGN			
BLOOD GROUP 'O' NO TIME LOST UNDER SEC 6A APP 2B MCM 1951 REF 9 SEPARATION PAPERS PREPARED AT USAM FT DEVENS, MASS DD 217a CERT OF SERVICE ISSUED AND SEV RANCE PAY \$2815.80 MOP: \$200.00		NAME, GRADE AND TITLE (Typed) R. W. LOWME Capt, MSC Ch, Pers Rec Br			
40. V.A. BENEFITS PREVIOUSLY APPLIED FOR (Specify type)		41. DATES OF LAST CIVILIAN EMPLOYMENT		42. MAIN CIVILIAN OCCUPATION	
GI BILL		FROM TO 1948 1951		Creamery Operation	
43. COMPENSATION, PENSION, INSURANCE BENEFITS, ETC.		44. UNITED STATES CITIZEN		45. MARITAL STATUS	
		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		MARRIED	
46. NAME AND ADDRESS OF LAST CIVILIAN EMPLOYER		47. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER SEPARATION (St., R.F.D., County, City and State)		48. SIGNATURE OF PERSON BEING SEPARATED	
General IC Co M. Lawrence, N. Y.		SEN # 20		John Hamilton O'Connor	

DD FORM 214  
1 JAN 50

INDIVIDUAL'S COPY (TO BE DELIVERED TO THE INDIVIDUAL BEING SEPARATED)

Ex. H

2:27



DAVID O'CONNOR

**\$0.00**

Fees

**25-May-1947**

Date of Birth

**DAVID O'CONNOR**

Customer Name

**License Renewal****Ineligible**

Based on our current records, you are not eligible to complete this request due to the following reason(s):

However, now that we know who you are, you can click View My Account below to view all of the options available to you!

[View My Account](#)

dl.safety.tn.gov — Private





◀ **DAVID O'CONNOR**

## License Status

Credential: Commercial Driver License

Status: Cancelled

Expire:

Credential: Class D License

Status: Expired

Expire: 10-Jun-2024